

COMMEMORATIVE Application for Commemorative Certificate COMMEMORATIVE
Maryland Department of Health and Mental Hygiene • Division of Vital Records

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

For Issuing Office Only

☐ Photo ID ☐ Mailed

Date of Application: _____

NOTE: A copy of a birth record may only be issued to the person named on the Certificate; a parent or court-appointed guardian; a representative with a notarized letter signed by the person named on the Certificate, a parent or guardian granting permission to obtain a Certificate; an individual with a court order directing that the Certificate be issued; or an individual permitted to obtain a certificate under Md. Code Ann., Family Law Title 5, Subtitles 3A or 4B relating to adoptions.

PRINT or TYPE your name & CURRENT address.

Name: _____ Your relationship to the person
named on the Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____ - _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; passport). If you do not have a Government-issued photo ID, read and sign the following statement: I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: _____

PRINT or TYPE information below with regard to the individual named on the requested certificate:

Name at Birth: _____

If name has changed since birth due to adoption, court order,
or any reason other than marriage, please list new name here: _____

Date of Birth: _____ Current age: _____ Sex: ☐ Male ☐ Female
(Month/Day/Year)

Place of Birth: _____ Hospital: _____ Certificate No. (if known) _____
(County or Baltimore City)

Full Maiden Name of Mother: _____

Full Name of Father: _____

ORDER INFORMATION

Number of certificates requested	
Fee per copy*	x \$50.00
Amount enclosed	

A fee of \$50 is required for each certificate. Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a copy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, legible copy of ID, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a birth record in person, on line, by telephone or by fax. For further information, visit the website of the Vital Statistics Administration at <http://www.vsa.state.md.us/vsa/html/apps.html>.

*If a search provides no record, \$26 will be refunded and a Certificate of No Record Found will be issued. A \$24 search fee must be retained as required by Maryland law.